TITLE XIX REPORT OF EXPENDITURES (BY CATEGORY OF SERVICE) (FISCAL YTD TOTALS AS OF 03/31/06)								
CATEGORY OF SERVICE	RECIPIENTS SERVED	NUMBER OF CLAIMS	UNITS OF SERVICE	TOTAL PAYMENT				
INPATIENT	40,576	52,669	316,054	\$206,982,507.42				
OUTPATIENT	186,689	590,586	3,979,835	\$124,779,647.37				
CHILD PART HOSP	0	0	0	\$0.00				
CHILD DAY TREATMENT	0	0	0	\$0.00				

n

17

4,008

19,530

103,406

191,127

94,912

31,720

22,011

23,210

26,250

17,547

131,825

47,423

128,614

268.212

243,247

40,729

5

9,897

19,424

231,786

112,327

120,273

43.783

4,761

10,049

45.746

19,680

131,092

141,773

22.764

438

488

1,128,323

2,514,920

5,075,448

2,000,136

375

91

Π

0

0

n

124,436

0

213

52,751

3,582,639

573,440

1.613.591

2,699,237

190,052

196,222

544,430

21,704

2,286,907

4,690,445

18.615

17,640

131,743

47.408

1,128,322

128,614

418,870

348,058

47,304

348,150

236,151

120,048

154,112

54,788

127,557

281,834

58,768

566,317

5.515

28,175

725.567

5,071,953

2,794,074

12,000,727

2,514,920

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0

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11,144

IOWA DEPARTMENT OF HUMAN SERVICES

MEDICAID MANAGEMENT INFORMATION SYSTEM

PAGE

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1

\$305.00-

\$2,559.39

\$12,990,845.07

\$305,267,542,91

\$175,053,344.51

\$2,712,889.87

\$62,368,999.39

\$128,770,568.57

\$23,007,723,61

\$3,089,081.11

\$27,487,943.00

\$2,401,525.77

\$17,897,218.15

\$283,958,518.16

\$386,670.34

\$930,861.74

\$74,073,566.43

\$9,039,776.43

\$7,238,717.97 \$2,256,644.00

\$5,502,541.46

\$26,370,757.89

\$11,330,183.59

\$10,271,317.66

\$2,040,459.53

\$22,116,928.50

\$30,621,150.90

\$5,950,617.52

\$3,795,862.42

\$1,659,313.94

\$1,594,476.91

\$7,158,154.27

\$1.870.263.34

\$4,235,389.53

\$214,893.85

\$267,782.90

\$30,842,720.25

\$11,670,157,58

\$179,115,162.17

\$13,222,28

\$6.17

\$0.00

\$0.00

\$788.16-

\$34,033.88

\$5,304.55

OUTPATIENT	186,689
CHILD PART HOSP	0
CHILD DAY TREATMENT	0
ADULT PART HOSP	2
ADULT DAY TREATMENT	1
SKILLED NURSING FACILITY	1,910
INTERMEDIATE CARE FACILITY	18,452
INTER CARE MENTAL RETARDA	2,324
NURSING FAC FOR MENTAL ILL	43

22.081

283,468

65.061

49,803

3.807

13,638

2,850

3,106

9,226

74,443

7.463

8,358

49,180

45,808

5,676

5

1,148

2,003

119,193

71,631

23,985

16.328

561

668

9,106

2,774

9,399

171

9,360

2,278

46

177,417

335,987

274,618

73

q

0

0

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AS OF 03/31/06

HOME HEALTH

PHYSICIAN CLINIC SERVICES

LEAD INSPECTION AGENCY

MEP CASE MANAGEMENT

AMBULANCE SERVICES

PRESCRIBED DRUGS

IOWA PLAN PROGRAM

EPSDT SCREENING

PATIENT MANAGEMENT

OTHER PRACTITIONER

FAMILY PRESERVATION

MEDICAL SUPPLIES

HMO SERVICES

DENTAL

OPTOMETRIST

PSYCHIATRIC

MR WAIVER SERVICE

AIDS WAIVER SERVICES

ELDERLY WAIVER SERVICES

PODIATRIC

CHIROPRACTIC

DRUG CAPITATION

LAB AND RADIOLOGICAL

REHAB SUPPORT SERVICES

LOCAL EDUCATION AGENCY

INDIAN HEALTH SERVICES

FAMILY PLANNING SERVICES

MANAGED SUBSTANCE ABUSE

MENTAL HEALTH ACCESS PLAN

HEALTH INS PREMIUM PAYMENT

TREATMENT FOSTER FAMILY CARE

PHYSICAL DISABILITIES SVCS

BRAIN INJ WAIVER SERVICES

RESIDENTIAL CARE FACILITY

CHILDRENS MENTAL HEALTH SVC

ILL & HANDICAPPED WAIVER SVCS

FAMILY CENTERED PROGRAM

GROUP TREATMENT THERAPY

EARLY ACCESS SERVICES

IAN	M22	00-	R003	(MR-O-12)
AS	OF	03/	31/0	6

IOWA DEPARTMENT OF HUMAN SERVICES MEDICAID MANAGEMENT INFORMATION SYSTEM

TITLE XIX REPORT OF EXPENDITURES

PAGE 2

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TOTAL PAYMENT

\$19,631,050.20

\$1,846,874,159.64

\$133,649.70-

\$0.00

(BY CATEGORY OF SERVICE) (FISCAL YTD TOTALS AS OF 03/31/06)

CATEGORY OF SERVICE	RECIPIENTS SERVED	NUMBER OF CLAIMS	UNITS OF SERVICE
COUNTY OFFICE REIMBURSEMENT	0	0	0
MEP SERVICES	11,070	81,433	86,968
UNASSIGNED	83	2	0

UNASSIGNED 400,563 13,876,493 48,220,962 *** END OF REPORT ***